PATENT APPLICATION FEE DETERMINATION RECORD

Effective Catober 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	į.	OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS			<i>A3</i> minus 20=		.3			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS					• —			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT				Ī	+135=		OR	+270=	·.
* If	the difference	in column 1 is	less than ze	ero, ente	"0" in column 2		L	TOTAL		OR	TOTAL	914
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
_	,	(Column 1)	(Colur			(Column 3)	г	SWALL	,	OR I 1	SIVIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.24	Minus		3	= /		X\$ 9=		OR	X\$18=	18 -
	Independent	NTATION OF M	Minus	***	3	=	X40=		OR	X80=		
┞	FIRST PRESE	INTATION OF M	OLTIPLE DE	PENDEN	CLAIN		ſ	+135=		OR	+270=	
						L.	TOTAL		OR	TOTAL	18-	
	(Column 1) (Column 2) (Column 3)							DDIT. FEE			ADDIT. FEE	
١ ٠	પાલ જાત કરવે જુલ્લાના વર્ષો મુખ	(Column 1)	ाक्ष्युं सम्बद्धाः । सम्बद्धाः सम्बद्धाः ।	(Colui		(Column 3)	-		4551			4551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 27	Minus	2	4	= 3		X\$ 9=		OR	X\$18=	54
	Independent	NTATION OF MI	Minus	***	S CLAIM]= /		X40=		OR	X80=	84
_	FINOT PRESE	INTATION OF MI	JETIFLE DET	LINDLIN	OLAIM			+135=		OR	+270=	'
							Al	TOTAL DDiT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER OUSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	PAID **	FUH	=	-	X\$ 9=	FEE_	OR	X\$18=	PEE_
	Independent	*	Minus	***		=	-			OR		
	FIRST PRESE	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT		CLAIM		X40=		OR	X80=	
	<i>:</i>							+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		ber Previously Pai					r found	d in the app	ropriate box	in col	umn 1.	

FORM PTO-875 (Rev. 8/00) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE